

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/523369

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6	1		1			
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13	1		1			
14		1		1		
15		2		1		
16		0		1		
17	1		1			
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
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41				1		
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49						
50						
TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	25	←	36	←		←
TOTAL CLAIMS	29		41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC